

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

BECKER LLC
Eisenhower Plaza Two
354 Eisenhower Parkway, Suite 1500
Livingston, NJ 07039
(973) 422-1100
Justin S. Baumgartner, Esq.
jbaumgartner@becker.legal
Proposed Attorneys for Eric R. Perkins, Chapter
7 Trustee

In Re:

Supportive Health, LLC.,

Debtor.

Case No.: 21-15113 (VFP)

Chapter: 7

Adv. No.: _____

Hearing Date: _____

Judge: Vincent F. Papalia

CERTIFICATION OF SERVICE

1. I, Mary Ann Ambrose :

☐ represent _____ in this matter.

☒ am the secretary/paralegal for Becker LLC, who represents
Eric R. Perkins, Chapter 7 Trustee in this matter.

☐ am the _____ in this case and am representing myself.

2. On September 20, 2021, I sent a copy of the following pleadings and/or documents
to the parties listed in the chart below.

Application of Retention of Professional; Certification of Professional in support of
Application; and Proposed Order Authorizing Retention of Becker LLC.

3. I certify under penalty of perjury that the above documents were sent using the mode of service
indicated.

Date: September 20, 2021

/s/ Mary Ann Ambrose
Signature

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
David Gerardi, Esq. U.S. Department of Justice Office of the US Trustee One Newark Center, Suite 2100 Newark, NJ 07102	U.S. Trustee	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input checked="" type="checkbox"/> Other <u>CM/ECF Filing</u> (As authorized by the Court or by rule. Cite the rule if applicable.)
Supportive Health LLC, 72 Van Reipen St #353 Jersey City, NJ 07306	Pro Se Debtor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input checked="" type="checkbox"/> Other <u>Certified Mail/R.R.R.</u> (As authorized by the Court or by rule. Cite the rule if applicable.)
Department of Treasury Internal Revenue Service P O Box 7346 Philadelphia, PA 19101	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
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		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)